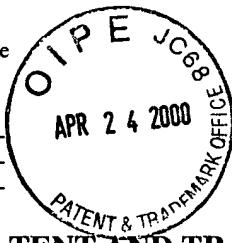


GP16428

Docket No.: PF-0229-1 DIV

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on April 18, 2000  
 By: Kathleen K. Muto  
 Printed: Kathleen K. Muto



RECEIVED

APR 27 2000

TECH CENTER 1600/2000

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hillman et al.

Title: NOVEL HUMAN MITOCHONDRIAL MEMBRANE PROTEIN

Serial No.: 09/208,619 Filing Date: December 8, 1998

Examiner: Harris, A. Group Art Unit: 1642

Assistant Commissioner for Patents  
 Washington, D.C. 20231

AMENDMENT TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Postcard;
2. Response to Restriction Requirement (8 pp., in duplicate); and
3. Revocation and Power of Attorney (2 pp.).

The fee has been calculated as shown below.

Claims	Claims After Amendment		Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Additional Fee(s)
Total Claims	25	-	20	=	5	\$18	\$90
Indep. Claims	2	-	3	=	0	\$78	\$0
<u>First Presentation of Multiple Dependent Claim</u>						+\$260	\$0
						<b>TOTAL</b>	<b>\$ 90.00</b>

X Fee for Request for Extension of Time (  months) \$  
X Please charge Deposit Account No. 09-0108 the amount of \$ 90.00

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,  
 INCYTE PHARMACEUTICALS, INC.

Peng Ben Wang  
 Reg. No. 41,420  
 Direct Dial Telephone: (650) 621-7574

Date: 4/18/00  
 3160 Porter Drive  
 Palo Alto, California 94304  
 Phone: (650) 855-0555 Fax: (650) 849-8886